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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Annan Q. Shang

Firm: U.S. Patent and Trademark Office
Art Unit 2617

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: September 15, 2005

Re: FLH Ref No.: 450104-02511
Serial No: 09/744,362

Number of Pages: 29
(including cover page)

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PATENT
450104-02511IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Makoto Sato, et al.
 Serial No. : 09/744,362
 Filed : April 16, 2001
 For : DEVICE DATA TRANSMISSION METHOD, TRANSMISSION
 DEVICE, AND TRANSMISSION SYSTEM
 Examiner : Annan Q. Shang
 Art Unit : 2617

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 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	68	Minus	** = 68	* 0 x	\$50 (25)	= \$ 0
Independent claims	12	Minus	*** = 12	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims x petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via
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DeAndre Breeland
 (Name of person signing transmittal)
[Signature]
 Signature

September 15, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: Thomas F. Presson
 Thomas F. Presson
 Reg. No. 41, 442

U.S. Application No. 09/744,362
Reply to Office Action dated June 30, 2005

PATENT
450104-02511

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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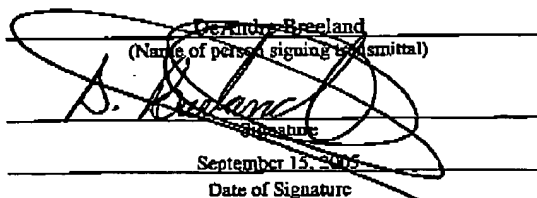
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For : DEVICE DATA TRANSMISSION METHOD,
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SYSTEM
Filed : April 16, 2001
Examiner : Annan Q. Shang
Art Unit : 2617
Confirmation No. : 4455

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(Name of person signing transmittal)

September 15, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Non-final Office Action mailed June 30, 2005, having a three-month statutory period for response set to expire on September 30, 2005, please amend the above-identified application as follows.

U.S. Application No. 09/744,362
Reply to Office Action dated June 30, 2005

PATENT
450104-02511

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 25 of this paper.